

The exacerbation of the disease distinctly coincided with the dryness and heat, and we may notice that the paroxysm is marked much more by the excess of the mortality than by the number of patients. It diminished with the cessation of heat and dryness. The most severe cases occurred in August. The number of cases continued to augment subsequently to this period, but the relative mortality underwent a sudden reduction.

Etiology.—The first question, then, is—Are we to regard these exceptional atmospheric conditions as the cause of the epidemic. No doubt can be entertained that the lowering of the level of water in the subsoil exposed a whole series of putrid foci, and that the excessively high temperature was well adapted to induce fermentation, and at the same time to favor the diffusion of the effluvia produced, by causing an unusual amount of evaporation. May we not then attribute to the miasmata, so developed, the leading part in the genesis of the typhoid fever.

Whatsoever may have been the influence of this cause on the outbreak of the disease in August, the epidemic, which had diminished during September and the beginning of October, burst forth with renewed intensity towards the middle of this month, and continued to rage till November; so that the mortality, which had fallen to 163 in October, rose to 929 in November.

In regard to individual causes, we find the same predisposing causes as in other epidemics of typhoid fever: in the first instance, old age and youth; imperfect acclimatisation; then all debilitating causes, unfavourable hygienic conditions, grief, violent emotions, the exhaustion following delivery, and especially consequent upon lactation; and lastly, contagion, of which several examples could be cited. It is remarkable that this epidemic, notwithstanding its gravity, was only very rarely observed in those who had been previously attacked. Relapses, on the contrary, were frequent.

In the prognosis of the disease the employment of the thermometer has proved of extreme value. Thus when the temperature taken in the axilla rose above 104° F. (40° C.) in the evening, and did not fall or fell but little in the morning, the state of the patient was very serious. Yet several cases of recovery occurred under the use of cold sponging or baths, in cases where the temperature rose to 105.8° F. (41° C.) in the evening, and fell one or two degrees centigrade in the morning.

In the cases where relapses occurred, and which were in the most instances due to solid food having been given at too early a period or in too large a quantity, a return to the former *treatment* was usually successful.

It only remains to mention an accident I have observed on several occasions, and which bears on the subject of alimentation. Towards the close of the disease, or during the period of convalescence, I have seen some subjects suffer from vomiting, and reject not only all solid food, but the lightest food and even beef tea. In all these cases I